

# CITY OF MOUNTAIN VIEW ADULT SPORTS – LEAGUE ENTRY REQUEST FORM

Team \_\_\_\_\_

Manager \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_  
Home Business

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Asst. Manager \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_  
Home Business

Sport League – Check appropriate boxes.

- |   |  |   |
|---|--|---|
| ( ) <b>Basketball</b><br>Tues D ____<br>Wed D ____      | ( ) <b>Spring/Summer Softball</b><br>Mon 50 and over ____<br>Tues Coed (3) ____<br>Tues Coed (4) ____<br>Wed C1 ____<br>Thurs C3 ____<br>Thurs D ____<br>Fri Coed ____ | ( ) <b>Fall Softball</b><br>Tues Coed ____<br>Wed C/C1 ____<br>Thurs C3/D ____<br>Fri Coed ____ |
| ( ) <b>Coed Volleyball</b><br>Thurs Coed ____           |  |   |
| ( ) <b>Spring/Summer Flag Football</b><br>Mon Open ____ |  |   |

RESIDENT ROSTER – Fill out if registering as a resident team under a resident priority.

**All participants on the team must be listed below.**

	Player's Name	City	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

For Dept. Use Only:    Date \_\_\_\_\_    Amount Paid \_\_\_\_\_    Receipt No. \_\_\_\_\_

HK/6/CSD/229-12-24-03R-1^